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•	RK AVÉNUE, N.W		A.C. I he Stat add tran	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/813,235	03/31/2004		Abbas Amirichimch	1875.5630000		3878		
TITLE OF INVENTIO SIGNAL PHASE	N: SYSTEM AND ME	THOD OF PHASE-LOC	CKING A TRANSMIT C	LOCK SIGNAL I	PHASE	WITH A RECEIVE	CLOCK	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$1440		****** \$70.00	02/02/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
BOCURE, T	TESFALDET	2611	375-358000	-				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Sterne, Kessler Goldstein & Fox P.L.L.					
. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	c)				
PLEASE NOTE: Un recordation as set fort	less an assignee is identi th in 37 CFR 3.11. Comp	fied below, no assignce pletion of this form is NO	data will appear on the pa T a substitute for filing an	itent. If an assign	ec is ide	ntified below, the do	cument has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	-	OUNTR	.Y)		
Broadcom C	Corporation	Irvine, California						
lease check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛚 Co	rporatio	n or other private grou	ip entity Government	
a. The following fee(s) are submitted: State State State State Advance State State State State State Advance State State State State State State Advance State State State State State State State Advance State St			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. ROBEROSON SANCEMENT The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).					
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Authorized Signature	7.4	Hebry		Date	• [5 209		
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